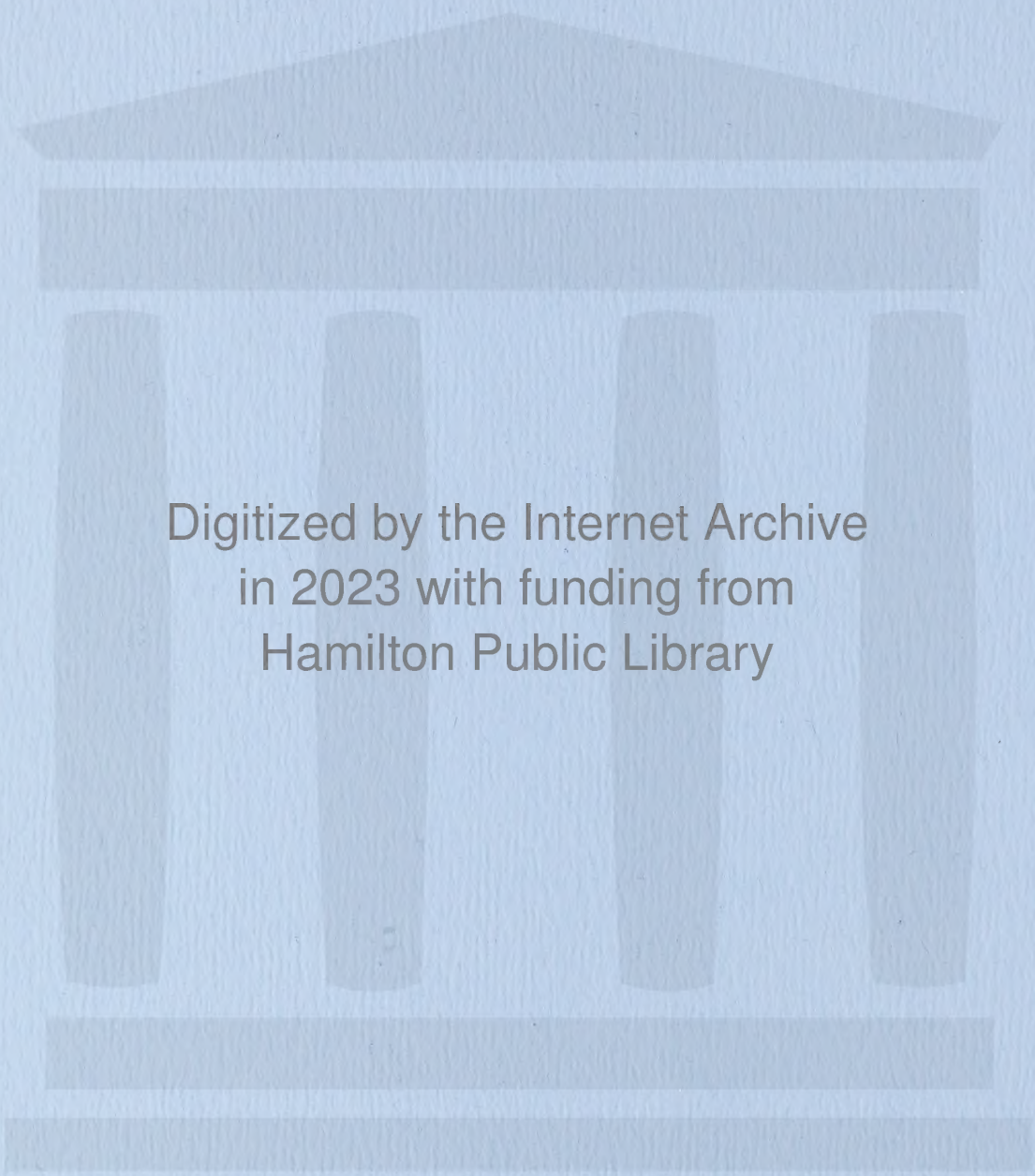
ANNUAL REPORT

Placement Coordination Service

Hamilton-Wentworth Ontario

PCS

1983-84



ANNUAL REPORT
OF THE
PLACEMENT COORDINATION SERVICE
(FORMERLY ASSESSMENT & PLACEMENT SERVICE)
OF
HAMILTON-WENTWORTH, ONTARIO

ADVISORY COMMITTEE:

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Chairman, VON Board, Hamilton-Dundas:	Miss J. Eagle
District Director, VON Hamilton-Dundas:	Mrs. D. Roe

MEDICAL ADVISOR:

Dr. J. R. D. Bayne

STAFF:

Administrator	Miss J. Caygill
Assessment Counsellors	Mrs. B. Carson
	Mrs. J. Cooper
	Ms. G. G. Elliott
Secretaries	Mrs. J. Mason
	Ms. V. Watson

* Resigned June 1983

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HISTORICAL BACKGROUND

The A.P.S. was established by the Hamilton District Health Council in 1971 on the advice of the then newly formed Extended Care Committee. The project was funded in April of that year by the Ontario Ministry of Health and commenced operation in September 1971.

One of the concerns of the Health Council has been the promotion of optimal utilization of the services for the disabled and chronically ill. The Extended Care Committee was formed to study the needs of this group and the services available. The result of their discussions was the recommendation that a coordinating body be formed to obtain the medical, social and nursing evaluations of the disabled and chronically ill and make recommendations of the appropriate programs or levels of care for the development of the individual's assets and potential.

The Health Council appointed a medical consultant and two members of the health professions to provide the coordinating evaluation function; a part-time administrator and secretarial staff; and a data analyst to maintain statistics for the evaluation of the service's efficacy and the provision of an information base for future planning in the health needs of the disabled.

ASSESSMENT FORM

Prior to commencement of operation an Assessment tool was developed to provide the necessary information for appropriate recommendation. Broadly, this information falls into three categories:

(a) demographic (age, sex, marital status, next-of-kin, education, employment and cultural background, present location and level of income)

(b) medical (diagnosis, prognosis, treatment, level of cognitive function, emotional status)

(c) functional capacity (degree of ability to walk, talk, see, hear, comprehend, dress, bathe, undertake personal care and household care.)

The demographic and functional capacity data is provided by a social worker-nurse team for the hospitalized applicant and by the Public Health, Victorian Order or St. Elizabeth Nurse for those applicants at home. The medical information is provided by the applicant's personal physician.

RECOMMENDATIONS

Recommendations are made on the basis of the information provided by the Health Care team with additional input as indicated and with an intimate knowledge of the available facilities and programs.

Recommendations include appropriate level of care, and/or programs of rehabilitation or recreation, and programs whereby the disabled person may be assisted toward a meaningful role in society.

REFERRAL PROCESS

Referrals are made by health professionals in the community or health care institutions and/or members of the community, and may be as simple as a telephone call asking for the process to be set in motion.

ADMINISTRATOR'S REPORT

Joyce Caygill

1983 was an extremely busy year with placement requirements becoming ever more complex. Our total caseload continues a slow, but steady increase from 2492 in 1973 to 3346 in 1983. However, in 1973 we had seven full-time and one part-time staff; since 1977 we have had six full-time staff only.

The Advisory Committee approved a PCS evaluation procedure developed with the valued expertise of Dr. L. Chambers, Dr. M. Haight, Mrs. A. Mohide and others of the Regional Development Program of McMaster University as well as Mrs. D. Roe, District Director of the VON and this writer. The evaluation procedure will first determine the inter rater reliability of staff decisions regarding placement and then review those decisions against outcomes and patient/family and program satisfaction. Ongoing and routine evaluations and measurements of our effectiveness in achieving our objectives have been clearly defined and put into operation. This annual report will reflect some information reporting changes resulting from the Advisory Committee's decision, and will be the last report in this format.

In August of 1983 Hamilton-Wentworth welcomed the opening of a new and enlarged Clarion Nursing Home at its new location in Stoney Creek. The original licensed capacity of 39 was increased to 100. PCS is pleased to have been able to assist the staff of Clarion with its admission of residents.

In January of 1984 the 40-bed St. Magdelene's Nursing Home was closed and, once again, PCS was able to coordinate the transfer of the residents to accommodation of their choice and in the area most suitable for families to visit. Several local nursing homes have been temporarily overbedded (over their regular licensed capacity) so that the total licensed nursing home accommodation for the Hamilton area has not been compromised.

The material for this report was collected during the fiscal year April 1, 1983 to March 31, 1984.

DATA BASE

Criteria for inclusion in the data base for this Report were as follows:

- Parts A and B of the PCS referral form had been completed by the attending health professionals.

- the care needs identified by attending health professionals had been "matched" with care provided in various programs and a recommendation of the appropriate program had been made and recorded by PCS.

- either placement, death, refusal of placement, change of condition or refusal of patient by a program had occurred to close the case.

Two thousand, two hundred and one cases fulfilled these criteria and were used for the majority of the information in the Report.

REFERRALS

During the 1983-84 fiscal year we were involved with 3346 cases, a slight increase over last year (3144). Of this number 2831 were referred during the year and 515 were transferred, unplaced, from the 1982/83 waiting list. Of the total 3346 cases, 332 died before placement, 883 refused placement when offered a bed, 183 underwent a change in condition, and 31 were refused admission to a long term care facility, 1116 were placed into long term care facilities, 57 were removed from the waiting list as "futures" (see below) and 744 were transferred to the 1984/85 caseload. 2201 completed cases were used for the major portion of this report.

WAITING LISTS

The waiting list has been steadily increasing since June, 1983 with an average of 642 waiting for placement at the end of each month. In order to keep our waiting lists as accurate as possible, we instituted the practice of removing from the monthly lists those persons who were prepared to wait any length of time in order to be admitted to the facility of specific choice. Experience has shown that, while many of these persons will ultimately be admitted to a long term care facility, their ability to wait without great distress for a year or more suggests that they cannot be classed in the same way as those who are willing to accept a suitable bed when it becomes available. Fifty-seven persons were removed from the waiting lists in this manner; 6 were prepared to wait for a specific nursing home, 30 for homes for the aged, 19 for day centres and the remainder for a variety of other programs.

The average number of persons waiting for placement each month was 642 (548). An average of 79 (64) persons waited in Hamilton's acute care hospitals an average of 94 (91) days for chronic care facilities. The average number in the same hospitals waiting for nursing home placement was 60 (50), who waited an average of 69 (69) days. At the same time an average of 38 (31) persons waited an average of 63 (57) days at home for chronic care and an average of 109 (118) waited 65 (87) days at home for nursing home placement. Figures in parenthesis are last year's averages. (see Table # 1).

PLACEMENTS

Of the 2201 persons in the data base for 1983/84, 181 were placed in chronic care facilities in Hamilton-Wentworth and 7 in areas outside Hamilton. 416 persons were placed in nursing homes in Hamilton (this includes the opening of Clarion and the transfer of St. Magdelenes'), 47 in Burlington and 12 in nursing homes in locations other than Hamilton/Burlington. 45 persons who were eligible for institutional placement were able to refuse placement and stay at home on Home Care. One hundred and sixty-four persons sought family relief/respite - 102 males, 62 females - with 119 receiving such placement. Age range of those seeking respite was 25 to 99, 23 of whom were under the age of 60.

TYPES OF CARE REQUIRED

Table II shows the ages of persons in the data base.

Table VII shows the assessing health professionals' records of memory and ambulation. PCS considers a person to be "confused, ambulant" when confusion is recorded at level 4 or 5 (marked confusion, no recall) and ambulation is recorded at levels 1 to 3 (fully ambulatory, ambulant with cane, independent with a wheelchair). 310 persons in the data base were in this category.

535 referrals were completed by hospital residents or interns; the remainder were completed by family or attending physicians with thirty-eight physicians completing forms on ten or more of their patients. Two physicians in the Geriatric Assessment Unit completed forms on ninety-two patients.

The functional assessment portion of the referral form was completed by hospital based social workers for 846 clients; 956 forms were completed by visiting nurses, 43 by hospital nurses, 106 by discharge planners, 37 by physicians, and 213 by other health professionals.

239 persons had been admitted to acute care hospitals twice in the 12 months preceeding referral; 623 had had at least one admission; 87 had been admitted three times; 24 had had four admissions and 10 had been in hospital more than five times in the previous 12 months.

344 persons had been referred to PCS by their families; 175 by physicians; 767 by a hospital social worker; 488 by visiting nurses; and 407 by other relatives and friends. Missing data: 20. 54% were living in the community (i.e. not in institutions) at the time of referral.

861 (39%) were male, 1340 (61%) were female. 727 persons were married at the time of referral, 1067 were widowed, 224 had never married and 104 were either divorced or separated. Missing data: 79. Eighty-two persons could neither speak nor understand English.

45 persons required oxygen; 24 required suction; 123 had in-dwelling catheters; 102 required sterile dressings; 22 had to be tubefed; 573 required a special diet. 1079 had some degree of bladder incontinence; 788 suffered some degree of bowel incontinence.

238 had to be fed, 912 required some assistance in order to eat. 1063 required assistance at night. 834 appeared to be anxious or depressed (physicians recorded depression as a diagnosis on only 165 persons). 18 persons were totally blind; 438 had limited to poor vision. 387 had partial to total deafness.

1890 persons did not smoke; 240 expressed an interest in having alcoholic beverages available on a regular or occasional basis.

CLIENT SATISFACTION

PCS conducts a follow-up by mail and/or telephone four to six weeks after placement. Of the 1116 who were placed in 1983/84, 903 responded as follows:

Client/family satisfied	Yes: 862	No: 41
Facility/program satisfied with client	Yes: 894	No: 6 (missing: 3)

"No" responses were checked immediately by PCS staff to determine the cause of dissatisfaction and to effect changes if possible.

TABLE I

AVERAGE NUMBER WAITING FOR PLACEMENT BY AVERAGE NUMBER OF DAYS WAIT TO PLACEMENT
PCS data

(Averages refer to numbers on any given day)

	waiting in [illegible] care		waiting at home	
Type of accommodation required	average number waiting	average number of days [illegible] placement	average number waiting	[illegible]
1983/84				
chroni[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
nursing home	[illegible]	[illegible]	[illegible]	[illegible]
1982/83				
chronic	[illegible]	[illegible]	[illegible]	[illegible]
nursing home	50	[illegible]	[illegible]	[illegible]

TABLE II

AGE AT TIME OF REFERRAL

	1983-84	1982-83	1981-82	1980-81
5 - 9	0	2	2	0
10 - 14	0	1	2	1
15 - 19	1	2	13	11
20 - 24	6	12	5	19
25 - 29	7	7	3	13
30 - 34	10	13	4	13
35 - 39	11	8	5	5
40 - 44	9	8	11	10
45 - 49	9	22	17	19
50 - 54	40	42	43	50
55 - 59	66	67	54	49
60 - 64	105	104	112	108
65 - 69	159	160	148	192
70 - 74	242	292	266	258
75 - 79	399	412	354	376
80 - 84	417	461	363	480
85 - 89	454	392	317	378
90 - 94	195	184	152	148
95 - 99	53	50	44	51
100 - 104	9	7	16	12
Missing data:	7	0	7	6

TABLE III

LOCATION AT TIME OF REFERRAL

HAMILTON-WENTWORTH	[illegible]	[illegible]
Henderson Hospital	19	1
Hamilton General Hospital	14	14
St. Joseph's Hospital	15	1
*Chedoke Division	7	1
- geriatric assessment unit	6	1
*McMaster Division	2	1
St. Peter's Hospital	2	1
Hamilton Psychiatric Hospital	1	1
Community - private residence	10	1
- other	2	
HALTON		
Hospitals	2	1
Community - private residence	5	1
- other	1	
ONTARIO		
Hospitals	3	1
Community - private residence	1	1
- other	1	
CANADA	1	1
missing data:	1	1
TOTAL	[illegible]	[illegible]

*Locations of Chedoke-McMaster Hospital.

TABLE IV

RECOMMENDATION & PLACEMENT

Number of places required		Number placed
Hamilton - chronic	377	181
Halton - chronic	35	4
other areas - chronic	6	1
*Family assistance - chronic	164	119
Life Support	6	0
Hamilton - nursing homes	836	416
Halton - nursing homes		47
other areas - nursing homes		13
Homes for aged - normal	372	59
- special	93	11
- bed	6	6
- couples	24	5
- vacation	1	0
- foster	0	1
Lodging Home	65	107
Home Care	23	63
other home supports	4	8
Day centres	163	60
Rehabilitation - Hamilton	1	4
- Halton	0	1
Assessment	10	3
Other	5	3
TOTAL	2201	1116

* Various names for respite/vacation/family relief beds.

TABLE V

MONTHLY CENSUS OF WAITING LIST

Hamilton-Wentworth and Burlington

	Waiting List at Monthly census		Number awaiting Nursing Home		Number awaiting Chronic care *	
	83/84	82/83	83/84	82/83	83/84	82/83
April	511	639	200	219	123	89
May	551	664	200	207	130	106
June	586	656	203	208	140	120
July	623	648	222	241	150	118
August	689	645	230	239	162	112
September	674	667	229	242	155	133
October	674	646	225	251	174	128
November	676	606	218	247	185	127
December	638	507	201	201	179	119
January	664	504	225	201	177	114
February	671	506	224	206	177	108
March	755	536	227	198	200	111

* does not include those awaiting family assistance/vacation/respite.

TABLE VI

FIVE YEAR COMPARISON OF WAITING LISTS FOR THE MONTH OF NOVEMBER *

In institutions awaiting placement

Facility required	1979	1980	1981	1982	1983
Nursing Homes	141	112	79	82	82
Chronic Hospitals	95	80	88	88	135
Homes for the Aged	31	30	24	22	26
Rehabilitation Units	4	0	0	0	0
Community Services	2	10	3	7	9
Other	11	7	5	3	7
Total in institutions	284	239	199	202	259

In the community awaiting placement

Facility required	1979	1980	1981	1982	1983
Nursing Homes	186	115	108	165	119
Chronic Hospitals Family Assistance	71	33	28 20	39 10	49 25
Homes for the Aged	138	148	168	109	156
Rehabilitation Units	1	2	0	0	0
Community Services	43	31	46	23	20
Other	27	12	22	58	10
Total in community	466	341	392	404	379
Total awaiting placement	750	580	591	606	638

* In Hamilton-Wentworth/Burlington

TABLE VII

MEMORY AND AMBULATION

AMBULATION		MEMORY: NORMAL 1	FORGETFUL 2	PERIODS OF CONFUSION 3	MARKED CONFUSION 4	NO RECALL 5	ROW TOTAL
Fully	1	153	175	153	180	33	694
Ambulatory with cane	2	148	169	125	40	4	486
With wheelchair	3	117	82	63	44	9	315
Requires assistance	4	93	113	137	142	45	530
Immobile	5	27	31	29	51	35	173
Row Total		538	570	507	457	126	2198

Missing observations: 3

Shaded area represents persons for whom very little permanent placement is available.

EXPLANATION OF DIAGNOSTIC GROUPINGS

In view of the fact that it is usually the physical and care needs that determine the type of care a patient requires from a program in long term care, the diagnoses have been grouped to provide a "picture" of the disease states of persons referred to P.C.S. Groups are as follows: code numbers relate to the coding system "International Classification of Diseases adapted for American use." (ICDA-8).

"Conditions related to cerebral dysfunction" - CVA, senile and pre-senile dementia, cerebral arteriosclerosis, cerebrovascular disease, senility, organic brain syndrome, affective psychoses. (Codes: 290-299, 344, 432-438, 794). (inc.Alzheimer's disease)

"Conditions related to cardiac dysfunction" - rheumatic heart diseases, hypertensive heart disease, ischemic heart disease, arteriosclerotic heart disease, congestive heart failure, etc. (Codes: 391, 393-398, 402, 410-429).

"Neoplastic diseases" - (Codes: 140-199, 200-209).

"Conditions classed as arthritis" - osteoarthritis, rheumatoid arthritis, arthritis, rheumatism. (Codes: 710-718).

"Hypertension" - (Code: 401).

"Diabetic conditions" - (Code: 250).

"Conditions related to respiratory dysfunction" - emphysema, asthma, bronchitis, chronic obstructive lung disease, pneumonia. (Codes: 480-493, 500).

"Hip fractures" - (Code: 820).

"Conditions related to central nervous system" - Parkinson's, epilepsy, cerebral paralysis, multiple sclerosis. (Codes: 340-349).

TABLE VIII

DIAGNOSIS

Number of diagnoses recorded 5634

Average number of diagnoses per referral 2.5

N = 2201

Diagnosis	Absolute frequency	Percentage of 5634
1 Conditions related to cerebral dysfunction	1,51[illegible]	26.[illegible]
2 Conditions related to cardiac dysfunction	665	11.8
3 Conditions classed as arthritis	371	6.6
4 Hypertension	363	6.4
5 Diabetic conditions	284	5.1
6 Conditions related to CNS	275	4.9
7 Conditions related to respiratory dysfunction	256	4.5
8 Neoplastic diseases	211	3.7
9 Hip fractures	154	2.7
	4,021	72.6

TYPES OF CARE

(extract: Patient Care Classification by Types of Care, Ontario Ministry of Health publication #75-2222 8/75, pp3-4)

TYPE 1 (RESIDENTIAL CARE)

Care required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition.

TYPE 2 (EXTENDED HEALTH CARE)

Care required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24 hour basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

TYPE 3 (CHRONIC)

Care required by a person who is chronically ill and/or has a functional disability (physical or mental) whose acute phase of illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited, and who requires a range of therapeutic services, medical management and skilled nursing care plus provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

TYPE 4 (SPECIAL REHABILITATIVE CARE)

Care required by a person with relatively stable disability such as congenital defect, post-traumatic deficits of the disabling sequelae of disease, which is unlikely to be resolved through convalescence or the normal healing process, who requires a specialized rehabilitative program to restore or improve functional ability. Adaptation to this impairment is an important part of the rehabilitation process. Emotional problems may be present and may require psychiatric treatment along with physical restoration. The intensity and duration of this TYPE OF CARE is dependent on the nature of the disability and the patient's progress, but maximum benefits usually can be expected within a period of several months.

TYPE 5 (ACUTE)

Care required by a person:

a) who presents a need for investigation, diagnosis or for definition of treatment requirements for a known, an unknown, or potentially serious condition; and/or

b) who is critically, acutely or seriously ill (regardless of diagnosis) and whose vital processes may be in a precarious or unstable state; and/or

c) who is in the immediate recovery phase or who is convalescing following an accident, illness or injury and who requires a planned and controlled therapeutic and educational program of comparatively short duration.

TERMINOLOGY IN COMMON USE IN ONTARIO

TYPE 1 CARE

Where provided

Homes for the Aged
Charitable institutions
Nursing homes
Foster homes
Group homes
Boarding homes
Homes for special care (residential care)
Children's institutions
Homes for unmarried mothers

Terminology

Domiciliary care
Ambulant care
Normal care
Residential care
"Intermediate care" in nursing homes
Community (social) support programs
(mental)
- day care
- sheltered workshops
- supervised recreation

TYPE 2 CARE

Where provided

Homes for the Aged
Nursing homes
Homes for special care (nursing homes)
Children's institutions

Terminology

Extended health care
Extended care
Homes for special care programs

TYPE 3 CARE

Where provided

Chronic hospitals
Chronic care units in general hospitals
Nursing homes approved for chronic care
Geriatric units in psychiatric hospitals
Special facilities (schedule II) for mentally retarded with physical handicap
Children's institutions

Terminology

Chronic care
Care of the chronically ill
Chronic hospital care
Psycho-geriatric units (psychiatric hospital)

TYPE 4 CARE

Where provided

Regional rehabilitation centres

Terminology

Special rehabilitation care
Rehabilitation

TYPE 5 CARE

Where provided

Public hospitals
Private hospitals
(G.H.P.U.) psychiatric units of general hospitals
Provincial psychiatric hospitals
Private psychiatric hospitals
Community psychiatric hospitals
Children's mental health centres

Terminology

Acute care
Active treatment
Psychiatric care (short and medium term)

OPERATING EXPENSES

Year end - March 31/82	March 31/83	March 31/84
Salaries	123,167	132,668	148,138
Employee benefits	16,642	14,325	17,650
Space costs & services	12,996	14,085	15,492
Postage	1,988	2,350	2,301
Office supplies	5,876	4,081	6,854
Telephone	3,106	3,562	3,651
Travel	1,672	2,222	2,214
Data processing	3,405	3,360	3,360
Staff training	130	560	325
National Professional service dues (VON)	--	1,327	1,483
VON allocated costs	--	3,019	3,315
Advisory Committee expense	--	--	107
Other	57	180	354
Statistical info for Min. of Health (PASS) non-recurring expense	--	--	500
Audit (est.)	500	--	--
	169,539	181,739	205,744

NOTES

Data was accessed using the Statistical Package for the Social Sciences (SPSS) software package on the HP 3000 of McMaster University Computation Services Unit.

Codes include:

Diagnosis	ICDA-8 (International Classification of Diseases adapted for American use)
Location by facility	Ministry of Health Ministry Information System Division Data Development & Evaluation Branch Master Numbering System
Location by area	ibid, Residential Code
Physician	Ontario Health Insurance Plan Physician Index

ACKNOWLEDGEMENTS

We continue to enjoy the support and cooperation of the providers of health care in this area, and of McMaster University Computation Services Unit. We gratefully acknowledge their contribution to the continued operation of our service.